

Business Office:
530 E MONROE
BUCKEYE, AZ 85326

CITY OF BUCKEYE

APPLICATION FOR UTILITY SERVICES

Mon - Thurs 7AM-5:00 PM
623-349-6100

utilitybilling@buckeyeaz.gov

FA Account #

COB ACCOUNT #

REQUIRED INFORMATION

Owners only: Copy of their Estimated or Final Escrow Settlement Statement.

Renters only: Landlord information AND a signed copy of their Rental Agreement
(All persons listed as responsible parties on lease must be on application)

All applicants MUST submit a copy of a valid government issued ID with photo

Property Managers & Listing Agents only: Copy of the Management/Listing Agreement

PLEASE CIRCLE YOUR CUSTOMER TYPE: Owner Renter Mgmt Co Listing Agent

APPLICANT SIGNATURES

By submitting this application, I/we declare under penalty of perjury under the laws of the State of Arizona that all information is true and correct. I have the lawful authority to activate utility services for the address identified on the submittal; I am accepting all financial responsibility for the utilities account, and I agree that I will remain financially responsible for the utility account until I submit the Termination Request Form signed by me to the Buckeye Utility Billing Department and the account has been paid in full. I acknowledge I have received a copy of the credit policies, fees, deposits and other information related to City of Buckeye Utility Accounts.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

To proceed with the service connection, the premises must be ready for service. The City of Buckeye assumes no liability for property damage which may occur as a result of uncontrolled water flow beyond the meter due to open valves, plumbing leaks, fixtures or appliances.

Would you like to proceed with the service connection? YES _____ NO _____ (initial one)

PROPERTY INFORMATION

TODAY'S DATE: _____

REQUESTED CONNECT DATE: _____

Property Location _____

Mailing Address _____

Subdivision _____

Your request must be received in our office at least **2 business days** prior to the requested connect date.
If your Connect Date is before Today's Date or the date received in our office, your account will be back billed.

APPLICANT INFORMATION

APPLICANT #1

APPLICANT #2

1. _____
Last Name

2. _____
Last Name

First Name

First Name

CURRENT ADDRESS

phone # _____

phone # _____

Email _____

Address _____ Utility Account Security Password _____

Identity Verification Information: Identity verification information will be encrypted after processing

Date of Birth _____

Date of Birth _____

Social Security # _____

Social Security # _____

Drivers Lic # _____

Drivers Lic # _____

*** A CUSTOMER SERVICE REPRESENTATIVE WILL CONTACT YOU TO ACCEPT YOUR PAYMENT FOR
FOR YOUR DEPOSIT ONCE YOUR APPLICATION IS PROCESSED.**

ADDRESS:

CAN ORDER DATE